BUTTERCUPS
LYCEUM EDUCATION GROUP

L4 - Enhanced Practice Programme

Enrolment Form – Page 1 of 5

Please complete all fieldsand delete where appropriate. This form can be signed either digitally (digital signature guidance) or physically. Please note, we ask for a personal email address as we may need to disclose confidential information to you during your time on the programme.

1. Learner Details

Title: ◯ Mr ◯ Mrs ◯ Miss ◯ Ms
◯ Other please state

First name: (Your full legal first name that will appear on your certificate)

Middle name(s):

Surname: (Your full legal surname name that will appear on your certificate)

Email address: (please provide a personal email address)

Date of birth: (dd/mm/yyyy)

Healthcare regulator: (i.e. GPhC, GDC etc)

Registration number:

Employee number: (if applicable)

Home Postcode:

Do you consider yourself to have a disability?
◯ Yes ◯ No ◯ Prefer not to say

If yes, please state:

Do you wish to discuss any potential needs for additional support with a member of the Buttercups Training staff?
◯ Yes ◯ No

If yes, please give brief detail

Have you previously enrolled onto or completed course(s) with Buttercups Training?
◯ Yes ◯ No

If yes, please state the name of the course(s):

1. Learner Details (continued...)

If you have a previous qualification(s) that you would like to be recognised as prior learning (RPL) for this programme, you must declare this now.
Please note your Pharmacy Technician qualification is not recognised as RPL.
◯ Yes ◯ No

If yes, Please detail the name of the qualification(s) you wish to submit as RPL.

Is English your first language?
◯ Yes ◯ No

If no please state your first language.

Sex:
◯ Male ◯ Female

Ethnicity: (Please tick ONE only)

Asian / Asian British: ◯ Bangladeshi ◯ Chinese ◯ Indian ◯ Pakistani ◯ Other Asian Background

Black / Black African / Black British: ◯ African ◯ Caribbean ◯ Other Black Background

White / White British: ◯ British ◯ Irish ◯ Gypsy or Irish Traveller ◯ Other White Background

Mixed or multiple ethnic groups: ◯ White & Asian ◯ White & Black African ◯ White & Black Caribbean ◯ Other Multiple Ethnic Background

Other ethnic group: ◯ Arab ◯ Any Other Ethnic Group

Buttercups House, Castlebridge Office Village,
Castle Marina Road, Nottingham, NG7 1TN

BUTTERCUPS
LYCEUM EDUCATION GROUP

L4 - Enhanced Practice Programme

Enrolment Form – Page 2 of 5

2. How Did You Hear About Us?

Please let us know how you heard about Buttercups Training.

- ◯ Existing / returning customer
- ◯ Word of mouth
- ◯ Member / buying group
- ◯ Social media
- ◯ Advert
- ◯ Search engine

Other: (please specify)

3. Employment status

Are you currently employed in a pharmacy setting for at least 16 hours per week

◯ Yes ◯ No

How would you classify your employment status, based on your average weekly working hours?

- ◯ Full-time — usually 30 hours or more per week
- ◯ Part-time — usually fewer than 30 hours per week

4. Employer Complaints Policy

If a complaint cannot be resolved immediately by the Customer Services Team, it must be escalated to our central complaints inbox:

Complaints@buttercups.co.uk

Upon receipt, the Customer Services Team will acknowledge your complaint and direct it to the appropriate department for investigation.This may include:

- Apprenticeship Services: Administration-related issues
- Finance: Contract and billing matters
- Client Services & Products: Learner material enquiries
- Teaching, Learning & Assessment: "On-programme" learner concerns
- Operations: Staff-related issues
- Digital & Technology Solutions: Technical problems

5. Company and Invoice Details

Employer/ Company name:

Trading as: (if applicable)

Employer/ Company address:

Telephone number:

Email address:

Please provide the name(s) and membership number(s) of any member organisations / buying groups that you are a member of:

☐ The applicant must tick a box confirming that the party or company at the address above has agreed to be invoiced for the course cost.

☐ The applicant selects this if the invoice details differ from the company details entered above **please go to section 6**

BUTTERCUPS
LYCEUM EDUCATION GROUP

L4 - Enhanced Practice Programme

Enrolment Form – Page 3 of 5

6. Alternative Invoice Details (if different to above, otherwise please leave blank)

Employer/ Company name:

Trading as: (if applicable)

Employer/ Company address:

Telephone number:

Email address:

7. Workplace Mentor Details (You need to identify a workplace mentor who can support you with this programme.)

Workplace mentor: (Full Name)

Contact email address:

Role/Job title:

I confirm the workplace mentor above works at the same workplace.

◯ Confirmation

8. Programme Delivery

This programme is available to complete with interactive activities and assessments. Please confirm access to a digital device, with internet connection to Buttercups, is available for the learner to use in this programme.

☐ Tick to confirm

General Data Protection Regulation:

Under UK and European Data Protection legislation, data from which living individuals can be identified are classed as 'personal data'. The handling of personal data has to comply with legal requirements covering such things as the way in which this information is acquired, how it is processed and the extent to which it is disclosed or transferred to others. Buttercups Training needs to store data about you and your course progress. It will be used in accordance with the relevant legislation, including the GDPR 2016 and the Data Protection Act 2018. If you have any questions about the use of the data collected by Buttercups Training, please view our Privacy Notice (https://media.buttercupstraining.co.uk/sites/media/bc/files/documents/gdpr-policy_4.pdf) or contact GDPR@buttercups.co.uk.

☐ Please tick to say you have read the data protection policy.

BUTTERCUPS
LYCEUM EDUCATION GROUP

L4 - Enhanced Practice Programme

Enrolment Form – Page 4 of 5

9. Pathways/Units

Please indicate the pathway and, where applicable, your optional unit choices.

Tick to select	Programme title	Tick to select	Unit title
☐	Full Programme which includes: - Antimicrobial Stewardship Pathway - Vaccination and First Aid Pathway - Supporting Provision of Health Services Pathway - Research and Leadership Pathway - Pharmacy Aseptic Services Pathway - Pharmacy Procurement Pathway **– choose maximum of 3 optional units**	☐	Unit 03 - Clinical Skills Development for Chronic Conditions
		☐	Unit 04 - Clinical Skills Development for Antimicrobial Stewardship
		☐	Unit 05 - Clinical Skills Development for Elderly Care
		☐	Unit 06 - Consultation Skills in a Healthcare Setting
		☐	Unit 07 - Screening and Testing Patients in a Healthcare Setting
		☐	Unit 09 - Research and Project Management Skills in a Healthcare Setting
		☐	Unit 10 - Pharmacy Aseptic Services
		☐	Unit 11 - Pharmacy Procurement
☐	Supporting Provision of Health Services through Medicines Optimisation Pathway **– choose 1 optional unit**	☐	Unit 03 - Clinical Skills Development for Chronic Conditions
		☐	Unit 04 - Clinical Skills Development for Antimicrobial Stewardship
		☐	Unit 05 - Clinical Skills Development for Elderly Care
☐	Antimicrobial Stewardship Pathway	N/A	
☐	Research and Project Management Skills in a Healthcare Setting Pathway	N/A	
☐	Research and Leadership Pathway	N/A	
☐	Pharmacy Aseptic Services Pathway	N/A	
☐	Pharmacy Procurement Pathway	N/A	

Please state why you have chosen the Enhanced Practice Programme, or specific pathway.

What do you hope to achieve from undertaking the Enhanced Practice Programme?

How do you feel this programme will benefit you, your career and your organisation?

Buttercups House, Castlebridge Office Village,
Castle Marina Road, Nottingham, NG7 1TN

BUTTERCUPS
LYCEUM EDUCATION GROUP

L4 - Enhanced Practice Programme

Enrolment Form – Page 5 of 5

Learning Agreement

The delivery of the Enhanced Practice Programme, and pathways, is a partnership between the learner and Buttercups Training. Please read the responsibilities that you are committing to on enrolment to this course.

Learner Requirements and Responsibilities

- I will adhere to the healthcare regulator standards for my professional practice.
- I will commit to time for successful completion of the programme within 24 months (full programme).
- I will participate in regular review meetings with my Buttercups Tutor
- I will commit to attending group tutorials (where applicable)
- I will comply with the policies, regulations and procedures of the programme found in the course materials and/or the learner handbook
- I will engage positively with learning and feedback
- I will aks for support from my employer or Buttercups Training Ltd if I am unsure, or do not understand any aspect of my programme or assessment
- I will only submit assignments which are the result of my own work and will follow referencing requirements as required
- I will contact Buttercups Training Ltd if there is any change to my circumstances
- I will contact Buttercups Training Ltd if I require any adjustments for my programme under the Equality Act

Please sign to confirm you agree to the above learner responsibilities.

Learner Signature:

Date: (dd/mm/yyyy)

Buttercups Training Responsibilities:

- We treat all learners with fairness regardless of age, sex, sexual orientation, disability, race, gender, religion, marriage or civil partnership, or pregnancy
- We will respond to all enquiries in a timely manner
- We will follow procedures laid down in the learner and mentor handbooks

PLEASE EMAIL YOUR COMPLETED FORM TO BUTTERCUPS TRAINING:

EMAIL: enrolments@buttercups.co.uk